

MDR Tracking Number: M5-04-1690-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-10-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The work hardening program from 7-31-03 through 8-22-03 **was found** to be medically necessary. The physical medicine procedure and the prep report patient's status/history **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 6-30-04, the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT Codes 97545 and 97546 for date of service 8-1-03 was denied as "preauthorization required but not requested." In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service.

- Per Advisory 2001-14 preauthorization for work hardening or work conditioning programs are not required for CARF accredited providers.
- Reimbursement is at the CARF rate is according to 134.202 (e)(5)(C)(ii) at \$64 per hour for a total of \$512.00.

This Finding and Decision is hereby issued this 4th day of November 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003, in accordance with TWCC reimbursement methodologies for Return to Work Rehabilitation Programs for dates of service after August 1, 2003 per Commission Rule 134.202(e)(5); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable from 7-31-03 through 8-22-03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 4th day of November 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 2, 2004

RE: AMENDED DECISION
MDR Tracking #: M5-04-1690-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant is a 63-year-old female who injured her left shoulder, left elbow and low back while she was walking across a wet floor when she slipped and fell while she was working as a custodian. The claimant was treated at ____ by ____ with chiropractic treatment, passive modalities and active rehabilitation. The claimant had a MRI of the left shoulder and received steroid injections and subsequently had left shoulder arthroscopy with subacromial decompression and excision of the distal clavicle as well as a lateral epicondylar release and reconstruction this occurred in April 2003. The claimant participated in a work hardening program at _____. The claimant was determined at maximum medical improvement by designated doctor ____ on 12/22/03 with a 15% whole person impairment.

Requested Service(s)

Work-Hardening/Conditioning, Work-Hardening each additional hour, prep report patient's status/history, and Physical Medicine Procedures for dates of service 7/31/03 to 11/18/03.

Decision

I agree with the insurance carrier that physical medicine procedures are not reasonable and necessary after 14 weeks post surgery, and the prep report patient's status/history (90889). I disagree with the insurance carrier and find a work hardening program for this claimant is necessary based on the Functional Abilities Evaluation report dated 7/21/03.

Rationale/Basis for Decision

I agree with the insurance carrier that physical medicine procedures are not reasonable and necessary after 14 weeks post surgery as specified in the Official Disability Guidelines for a surgically repaired left shoulder and elbow. The Official Disability Guidelines allow up to 24 physical therapy visits over a 14 week period. The claimant had a surgical procedure of the left shoulder and left elbow in April 2003 the exact date is not provided in the medical records. Therefore, the use of physical medicine procedures is not reasonable and necessary 14 weeks post surgery. I fail to find any indication within the provided medical documentation, which would warrant the use of physical medicine procedures beyond 14 weeks post surgery. I agree with the carrier that an additional charge for "prep report patient's status/history" is not medically necessary, as it is included as part of any psychological evaluation that would have been performed before a work hardening program.

I disagree with the insurance carrier and find a work hardening program for this claimant is necessary based on the Functional Abilities Evaluation report dated 7/21/03. The claimant performed at a light physical demand during this evaluation and therefore a 4 week work-hardening/conditioning program is reasonable and necessary for her to return to her job as a custodian.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 2nd day of July 2004.